



Nebraska
Child Safety Seat Inspection Station
Inventory Status Report

Month of _____, 201__

Due to NOHS by the 10th of each month.

Child Safety Seats	Amount
Number on hand at the beginning of the month	
Number purchased/acquired during month	
Number distributed during the month	
Balance on hand at the end of the month	

Report submitted by:

Signature of Authorized Representative
Child Safety Seat Inspection Station

Print or Type Name

Date

Organization's Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____ Project Manager: _____

Return completed form to: Timothy Jasnoch

Nebraska Office of Highway Safety
P.O. Box 94612
Lincoln, Nebraska 68509-4612

Phone (402) 471-2017
FAX (402) 471-3865
Email: tim.jasnoch@nebraska.gov

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